

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36618
State File No. 10339
Registrar's No.

FILED DEC 3 1943 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1527 E BENTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE LOUIS LISCHER

3. (b) If veteran, name war = 3. (c) Social Security No. =

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife PAULINE 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased Oct. 20 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business WATCHMAN

12. Name GEO. LISCHER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name HENRIETTA BORCHERT
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elda Lischer
(b) Address 1527 E Benton

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Zion

18. (a) Signature of funeral director Frederick J. ...
(b) Address NOV 26 1943

19. (a) NOV 26 1943 (Date received local registration) (b) J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1527 E BENTON (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country =

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1943 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov 1 1943 to Nov 24 1943 that I last saw him alive on Nov 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Renal Hemorrhage
Due to arteriosclerosis
Due to senile

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (c) Means of injury
23. Signature J. F. ... (M. D. brother)
Address 2605 W. ... Date signed 4/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.